

Inspection of School

Score: _____
 Date of Insp/Chg _____
 Status Code: _____

Health Department _____
 Current Facility ID _____
 Old Facility ID _____

| | | |
|---|--|---|
| Water Supply: <input type="checkbox"/> Community <input type="checkbox"/> Transient Non-Community | <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Non-Public Water Supply | Water sample taken today? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Inspection <input type="checkbox"/> Name Change <input type="checkbox"/> Re-Inspection <input type="checkbox"/> Verification of Closure <input type="checkbox"/> Visit <input type="checkbox"/> Status Change |
| Wastewater System: <input type="checkbox"/> Community <input type="checkbox"/> On-Site System | | |

Name of School: _____

Location Address: _____ Mailing Addr. _____

City: _____ State: NC Zip: _____ City: _____ State: _____ Zip: _____

| | Score | Comments |
|---|-------|----------|
| 1. WATER SUPPLY: Approved water supply properly located, constructed, and operated, adequate for all requirements 130*; well house clean, no storage 15*; no cross connections 30* (.2405) | 175 | _____ |
| 2. SANITARY SEWAGE DISPOSAL: Sewage collected, treated, and disposed of by an approved method 150*; system properly operated and maintained 55* (.2407) | 205 | _____ |
| 3. DRINKING FOUNTAINS: Clean and in good repair 40#; adequate pressure, properly regulated 40# (.2406) | 80 | _____ |
| 4. TOILET FACILITIES: Walls and ceilings clean, nonabsorbent, washable, and in good repair 30#; fixtures clean and in good repair 40#; floors impervious, kept clean 30# (.2408) | 100 | _____ |
| 5. LAVATORY FACILITIES: Fixtures clean and in good repair 30#; soap and individual towels or approved hand-drying devices provided 40# (.2409) | 70 | _____ |
| 6. FLOORS: WALLS: AND CEILINGS: Floors, walls, and ceilings clean and in good repair 30# (.2410) | 30 | _____ |
| 7. STORAGE SPACES: Clean 20#; storage off floor 20# (.2411) | 40 | _____ |
| 8. LIGHTING AND VENTILATION: Fixtures, grills, vents, blinds, drapes, etc., clean and in good repair 40# (.2412) | 40 | _____ |
| 9. DRESSING ROOMS AND SHOWERS: Floors, walls, and ceilings clean, in good repair, washable, non-absorbent 30#; fixtures clean, in good repair 40#; facilities for storage of clothes provided, kept clean 20#; soap and towel 10* (.2413) | 100 | _____ |
| 10. SOLID WASTE DISPOSAL: Impervious, cleanable containers with lids, approved type 20*; clean and in good repair 20#; empties as needed, properly disposed of 40# (.2414) | 80 | _____ |
| 11. PREMISES: MISCELLANEOUS: Premises neat, clean 30#; no vector breeding or harborage 20#; pesticides and other toxic materials properly handled and stored 30* (.2415) | 80 | _____ |

TOTAL 1000 _____

Additional Comment Sheet Attached

Yes No

Inspection by: _____ EHS I.D.# _____

INSTRUCTIONS Purpose: General Statute 130A-236 requires the Commission for Health Services to adopt rules governing the sanitation of public, private, and religious schools. This form has been developed to record the results of such inspections. **Preparation:** Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and two copies for: **1.** Original to be left with principal. **2.** Copy for the local health department. **3.** Copy for the Environmental Health Section. **Disposition:** Please refer to Records Retention and Disposition Schedule 8.B.6., Inspection Records for County/District Health Departments which is published by the North Carolina Division of Archives & History. **Additional forms may be ordered from:** Environmental Health Section, 1632 Mail Service Center, Raleigh, NC 27699-1632, (Courier 52-01-00)